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ABSTRACT

The experiences of baccalaureate student nurses, from layperson to novice nurse, was studied. Paradigm cases of five senior and five sophomore baccalaureate students were transcribed and analyzed for common meanings and themes. The paradigms concern touching patients, giving shots/creating pain, caring for and being intimate with young patients, and relating to patients as friends. Heideggerian hermeneutics was used to analyze the paradigm cases, treating the text as analog. To provide for bias control, the paradigm cases were analyzed by a research team with multiple stages of interpretation. The objective was not to reveal private subjective meanings or to make generalizations, but to discover commonalities in the actual meanings and practices of student nurses. Clinical learning experiences were found to be socializing experiences, helping student to understand the lived experiences of patients and nurses within the context of the nursing culture. The findings can help nurse educators restructure clinical learning experiences for students to enhance their learning in the context of patient care experiences. (SW)

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FROM LAYPERSON TO NOVICE NURSE: PROFESSIONAL SOCIALIZATION IN NURSING

Michelle M. Byrne, R.N., M.S.

As students progress through school, their knowledge, skills, values, and beliefs are refined, elaborated, or disconfirmed as they transact with patients. The purpose of this study was to understand the lived experiences of baccalaureate student nurses--from layperson to novice nurse--as embodied in their paradigm cases. Paradigm cases of five senior and five sophomore baccalaureate students were transcribed and analyzed for their common meanings and themes. Heideggerian hermeneutics was used to analyze the paradigm cases, treating the text as analog. To provide for bias control, the paradigm cases were analyzed by a research team with multiple stages of interpretation. This phenomenological approach was utilized in order to preserve the meaning of specific patient care experiences. The intent of this study was not to reveal private subjective meanings or to make generalizations, but to discover commonalities in the actual meanings and practices of student nurses.

The results of this study uncovered the common practices, skills and meaning of baccalaureate nursing students as they care for patients. Clinical learning experiences were socializing experiences; helping students to understand the lived experiences of patients and nurses within the context of the nursing culture.

The implications are significant for both the curricular and instructional strategies utilized in clinical learning experiences. An understanding of the lived experiences of student nurses as embodied in their paradigm case will help nurse educators restructure clinical learning experiences for students to enhance their learning in the context of patient care experiences.

Professional nursing socialization, as students proceed from lay person to novice nurse, is embedded in the nursing educational process. When considering student learning, one must be aware of the inherent process of socialization. Jacox defines socialization as the "acquiring of knowledge, skills, and sense of professional identity specific to a member of that profession." Jacox also states that, "Socialization involves the internalization of the values and norms of the group, into the person's own behavior and self-concept." Four goals of professional socialization have been identified by Cohen: (1) the first is the learning of facts, skills, and theory specific to that profession; (2) the second is the internalization of the professional culture; (3) the third is the finding of a personally and professionally acceptable version of the role; and (4) the fourth is the integration of the professional role into all other life roles. This complex process of nursing socialization has been investigated by many researchers.

One broad category of socialization researcher has attempted to classify socialization using numerous variables. Davis & Olson, Brown & Swift, Kramer, and Warner used the three nurse role domains of service-traditional, bureaucratic, and professional, to understand role changes throughout school. Other researchers investigated the variables of self-concept, the professional role, and self-actualization.

These previous studies provide some insight into factors affecting the multi-faceted process of socialization. However, the dissection of socialization into measurable variables may lead to erroneous conclusions and add confusion to an already complex process.

Another broad category of researchers attempted to identify stages of socialization. The stages hypothesized by Davis, Cohen, & Windsor have some similarities although they differ in their conceptual frameworks. All the

examples of stages acknowledge that a process of socialization does occur. These stages of professional socialization all begin with a lay person and end with a person who has internalized the values and norms of nurses. There has been difficulty researching the intricate process of socialization due to the inability of identifying, measuring and controlling the numerous variables. Therefore, one way to comprehend the socialization into nursing practice is to understand the lived experiences of becoming a nurse.

As students progress through school, their knowledge, skills, values, and beliefs are disconfirmed as they transact with patients. The purpose of this pilot study was to understand the lived experiences of baccalaureate student nurses -- from lay person to novice nurse -- as embodied in their paradigm cases. Paradigm cases are clinical experiences which stand out in one's mind. This study extends the work of Patricia Benner who used paradigm cases to understand the lived experiences of nurses as they progress from novice to expert.

Paradigm cases of five senior and five sophomore baccalaureate students were transcribed and analyzed for their common meanings and themes. Heideggerian hermeneutics was used to analyze the paradigm cases, treating the text as analog. To provide for bias control, the paradigm cases were analyzed by a research team with multiple stages of interpretation. This phenomenological approach was utilized in order to preserve the meaning of specific patient care experiences. The intent of this study was not to reveal private, subjective meanings nor to make generalizations, but to discover commonalities in the actual meanings and practices of student nurses.

The results of this pilot study uncovered some common practices, skills, and meanings of baccalaureate nursing students as they cared for patients. The clinical learning experiences provided students with a contextual milieu that confirmed, disconfirmed, or refined their previously held knowledge, skills,

values, and beliefs. Clinical learning experiences were socializing experiences. They provided opportunities, in the context of the nursing culture, for the students to understand the lived experiences of patients and nurses.

Entering the nursing world had a variety of meanings for students. Some of the paradigms reflected student needs such as searching for a patient problem, seeing a patient's death as an impediment to finishing a paper, and concealing anxiety from the nursing instructor. However, a major theme that emerges in the paradigms is one of caring. In order to be a nurse, one must learn to care for patients. Excerpts from the first two paradigms I will read -- Learning to Touch and The Humongous Needle -- describe the student's meanings of caring, as they learn to be-in-the-world as nurses.

Touch is an essential component of caring as a nurse. Jan's paradigm describes a time when touching a patient was problematic. Jan states, "When I first started clinicals and I also started working as a nursing assistant, I was very uncomfortable with touching a patient. It wasn't so much through clinicals that I got comfortable with touching, it was through work -- digging in and doing something. And in my first hospital clinical we really had to do some touching and I was really scared. I was still afraid to come into a person's room until I had started work." The interviewer asked how she dealt with that? Jan continues "It was not really addressed in school because there were a lot of people that had experience as an aide, and I had never been an aide until just before my clinical started." Jan continues to describe how this fear was overcome at work, "by the person who trained me, he was this fantastic guy who could make fun out of a fear situation. He could make me laugh at myself, and that really helped." "The first, probably two weeks, I was working, I never went in the room alone, the person who trained me was always there working as an equal on the floor with me. We always did things together. We'd turn the patient together and that

didn't bother me, but I still remember the first time when someone had a BM waiting for me and he said clean it up. And I can remember, I said, "you mean I have to touch that?" And he goes, 'come on, it's not that bad once you do it a few times. It won't even bother you.' Which he was right. Now I just do it. It's got to be done so you do it. And I guess it was the only real fear I had. And then turning someone to me is one kind of touching, then progressing to nursing stuff, like changing dressings to me that's more invasive type touching, and that transition didn't seem so bad . . ." The interviewer asked if there were things that she still did not feel comfortable with?" Jan replied "Cleaning up vomit. Still, it's not so much that I feel uncomfortable with. It's usually something that turns my stomach over. And I have to take a few deep breaths and try to hold it all in."

It was necessary for Jan to resolve the fear of touching a patient to endure clinical nursing. Touching is an intimate act; Jan's struggle of learning to touch is apparent. She even uses the phrase "more invasive type touching" to describe more complex nursing skills. Although Jan continues to be uncomfortable with cleaning up vomit she doesn't find that problematic.

A second paradigm -- The Humongous Needle -- relates a student's introduction to caring as a potentially invasive act that causes pain.

Robin giggles often and in an anxious way, tells of "witnessing" an injection while giving a bed bath. At a time before Robin was able to give her own injection, she observed a nurse giving an injection of morphine. The student relates, "At the time when it was going into the tissues, the patient experienced pain from it. The patient started screaming and I proceeded to almost pass out." Leaving clinical early, Robin describes having a feeling of "borderline fainting." Rationalizing at first, "I'd gotten my period that day and I do tend to get kind of sick with that," she later concludes, "But now looking back, I

have a feeling that I did have borderline fainting." Concerned that this reaction means she won't be able to make it, that is to become a nurse, Robin doesn't tell her instructor. Even though Robin knows her instructor will probably understand, since she states, "I'm probably not the only person that's ever happened to," Robin is really afraid. It's because, "I thought as a nursing student I shouldn't faint at the sight of the needle. I wasn't going to admit that. Or the instructor will tell me to find another profession. I don't want to give up nursing." Robin introspects and decides, "I had a lot to learn and I was really scared that I wouldn't be able to make it as a nurse." Instead of rationalizing that this event is "normal and happens to everyone," this student decides it's a learning problem and that she's afraid. Robin remedies the problem by learning. "After I reviewed the videotapes and I actually gave myself an injection, that helped a lot too, like, you know, it was just a prick and it wasn't that big a deal." Robin takes care of her learning and fear; she grows, leaving the earlier fears of "humongous needles" behind her. Her entry into nursing practice is assured when she confronts the reality of creating pain in patients as a direct result of nursing intervention. Robin concludes, "And then I rationalized that the patient was eventually helped by it; you know the morphine actually helps even though it hurts on impact generally. So I logically thought it out."

As nurses, we often create terrible pain in patients by the nursing procedures we do. If we responded emotionally, we would not be able to function. But the "logical rationalization" we use is "it will help eventually." Our continued experience bears this out and most of us lose contact with how hurt- and pain- producing nursing can be. Robin learns that the paradox of nursing is that sometimes hurting is caring. She learns to care as a nurse cares, not as a

lay person. She knows that giving injections is part of the nursing culture and it is essential for her to learn this to become a nurse.

As students learned to give care as nurses, they were also introduced into the world of patients. In Being in Time, Heidegger defined meaning as being arrived at through a transaction between the individual and the situation. An individual both constitutes and is constituted by the situation. This transactional process with patients provided the experiences for students to develop a meaning of nursing.

Both sophomore and senior students described what it meant to care for patients. For sophomore students, the physical comfort measures of bringing juice, shaving a patient, and adding a blanket were described as ways in which students could care for patients. Caring was expressed by seniors as patient advocacy, care of family members, and meeting the patient's needs as opposed to meeting their own needs. As students told of the patients they had cared for, a sense of beginning-student nurse-understanding emerged of what it might be like to be a patient with psoriasis, Alzheimer's disease, aphasia, or GI bleeding. Students described discomfort with caring for dying patients and young patients. The lay images of "relieving pain and suffering," "all patients get well," and "young patients don't get seriously ill" may be protective beliefs the students' possess as lay persons. These were often disconfirmed through their interactions with patients.

Engagement, the sharing of the lived experiences with patients, was a frequent theme of these student paradigms. Even when the students were unable to provide little else for the patient, they struggled to care and share the patient's experience.

The next two paradigms -- It Could Happen to Anybody and We were More Like Friends -- describe the struggle to care for and be intimate with young patients.

It Could Happen to Anybody

Terry describes caring for a young, male patient. "He was a really young guy. Like, I think, 24, with testicular cancer. It was a new diagnosis. And when I read the chart I just felt like, 'oh no, this poor guy.' You know it was really depressing, and I think the fact that maybe he was so close in age to myself, like the exact same as one of my brothers, you know it's like gee, this could happen to anybody. And another thing that was kind of hard for me, was like the fact that it was testicular cancer. And I worried how I was going to handle that when I went in to talk with him. And so I get my patient reviewed and when I went in the first day, I just felt really uncomfortable talking with him and I felt he sensed that." The patient had had an orchiectomy and the nurses were going to make sure that I looked at the incision to make sure that it wasn't red, inflamed, whatever . . . That was really hard for me, you know, to ask him to pull up his gown. And he wasn't, I mean so physically handicapped. It was more . . . Well, he was on a couple different chemotherapy treatments and that was basically it . . . I know in clinical they say, you're supposed to sit down and take this detailed history, and I just didn't feel comfortable going in with this poor guy vomiting, asking him how many brothers and sisters he had. I really didn't know what to say to him when I was there. And so I didn't spend much time with him."

Terry never felt comfortable caring for this patient during the three weeks she was assigned to him. When the head nurse felt the patient should not have a student assigned to him due to the increasing complexity of his care, the student was relieved. The student's discomfort due to sexuality, illness of a young patient, her inexperience in communication, or learning of her own vulnerability emanate from this paradigm. She had difficulty engaging with and caring for this patient due to the intimate nature of his disease.

The second paradigm -- We Were More Like Friends -- illustrates a struggle Chris had with "social caring" and "nurse caring."

Chris initiates her relationship with a young male patient with Hodgkin's disease as a fellow college student, although she describes a beginning understanding as a nurse. "He looked to me as like, you know, I'm another student, like we were peers. More than a nurse/patient relationship . . . So we got to be more like friends than the patient/nurse situation." "I really felt confused in the situation because he was my age, he had Hodgkin's disease, well like what really made it even worse for me was that he really looked like my fiance and that made it hard because I kept thinking that could have been my fiance . . ." This patient's situation "hit a lot closer to home than any of my other patients." Chris visited this patient the next day "not as a student nurse, but as a peer." Chris used her nursing insight to acknowledge that this patient may need someone to talk to because his friends' reactions were, "well you're going to die and we've all got to die sometime." So even though Chris describes the visit as one of friendship she states, "if his friends are in that situation maybe the only person he feels he could talk to would be me. And I thought I'd give him the opportunity by visiting him." Chris knows this patient needs to communicate his fears. The paradox is that she is unable to care for him as a nurse, since she relates to him as a peer.

These two paradigms reflect the uneasiness a student feels when caring for these young male patients with a potentially terminal illness. Most of the clinical experiences described by these students were with older patients which did not precipitate the same emotions. Students can use paradigm cases to describe the meaning that caring for patients and becoming nurses has for them. The language of student nurses embodies their socialization process.

Nursing instructors who listen to student nurse language can be helped to

understand the students' meaning. Students enter the nursing culture with diverse backgrounds, beliefs, and values. However, an understanding of their language can convey commonalities of experience in their shared meanings and practices.

Instructors may elicit their clinical students' meanings by encouraging students to discuss their paradigm cases with each other, to keep a diary to document their practical experiences and to have staff nurses share their paradigm cases with students. The meanings students derive from their clinical experience change continually throughout school.

I would like to conclude by reading two poems I wrote while trying to capture the nursing students' struggle to tell me of their experiences of being-in-the-world with nurses and patients. These poems attempt to capture the students' meanings of nursing.

My first patient has died, unexpected by me
but by no one else . . .
I denied this could happen, especially to me!
The emotions I feel are for all to see . . .
I feel surprise, anger, and grief for this loss.
Ahh . . . the loss of a patient will cause that you say . . .
No, I feel guilty to say that isn't the reason I grieve.
For I am a student nurse and my needs are me.
For my patient has died and deserted me.
It's my assignment that's a loss which has angered me.

M. Byrne

I think that I know

Or do I know what I think?

How I wish that I knew what I know,

But I don't . . .

So, tell me that I know what I know

And then I'll know, I think.

M. Byrne